



**HARFORD COUNTY BOARD OF ELECTRICAL EXAMINERS  
LIMITED ELECTRICAL EXAMINATION APPLICATION  
220 SOUTH MAIN STREET  
BEL AIR, MARYLAND 21014  
(410) 638-3363**

**SELECT EXAM**

**FEE**

- ☐ **LIMITED (SELECT ONE)** (Requires 3 years' experience) **\$30.00**
- ☐ **LOW VOLTAGE**
  - ☐ **HVAC (Commercial & Residential)**
  - ☐ **HVAC (Residential Service & Replacement)**
  - ☐ **SIGNS**
  - ☐ **ELEVATORS**
  - ☐ **GASOLINE PUMPS**
  - ☐ **HOME AUTOMATION**
- ☐ **LIMITED JOURNEYPERSON (SELECT ONE)** (Requires 1 year experience) **\$30.00**
- ☐ **LOW VOLTAGE**
  - ☐ **HVAC (Commercial & Residential)**
  - ☐ **HVAC (Residential Service & Replacement)**
  - ☐ **SIGNS**
  - ☐ **ELEVATORS**
  - ☐ **GASOLINE PUMPS**
  - ☐ **HOME AUTOMATION**
- ☐ **RESTRICTED (Industrial Plant-Maintenance)** (Requires 3 years' experience) **\$30.00**

**NOTE:** The following must be answered in the handwriting of the applicant. Accurate answers are required. Please print clearly.

**NAME:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

\_\_\_\_\_  
(DAYTIME PHONE NUMBER) (DATE OF BIRTH)

\_\_\_\_\_  
(EMAIL ADDRESS)

Have you previously applied for a Harford County Electrician's Exam? YES ☐ NO ☐

If so, how many times have you taken the exam? \_\_\_\_\_

Name and describe courses that you have taken that would apply to your practical experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby makes application for an Electrician examination in accordance with Harford County Code §105-25-Examination.

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

LIST YOUR EMPLOYMENT HISTORY IN THE ELECTRICAL INDUSTRY, BEGINNING WITH THE MOST RECENT EMPLOYER. EACH EMPLOYER MUST BE DOCUMENTED SEPARATELY. THIS FORM CAN BE COPIED.

I, \_\_\_\_\_, representing \_\_\_\_\_

Company, verify by my signature that \_\_\_\_\_ worked under my supervision as an employee of the above company in the time period specified below.

HOURS WORKED	MONTHS WORKED	YEARS WORKED

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SIGNATURE OF LICENSEE:

MASTER LICENSE NUMBER:

I, \_\_\_\_\_, representing \_\_\_\_\_

Company, verify by my signature that \_\_\_\_\_ worked under my supervision as an employee of the above company in the time period specified below.

HOURS WORKED	YEARS WORKED	MONTHS WORKED

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SIGNATURE OF LICENSEE:

MASTER LICENSE NUMBER:

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